Fill in this informatio	n to identify your case:	
Debtor 1	Jonathan Joseph Richards	
Debtor 2 (Spouse, if filing)	Melinda June Richards	
United States Bankr	uptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number (If known)	5-53381	Check if this is: An amended filing A supplement showing postpetition chapter
Official Form	m 106l	13 income as of the following date: MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Emmlerment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Pipefitter	SCR
	Include part-time, seasonal, or self-employed work.	Employer's name	Sauer Group Inc.	Sedgwick
	Occupation may include student or homemaker, if it applies.	Employer's address	1801 Lone Eagle Street Columbus, OH 43228	Hilliard, OH
		How long employed the	nere? 4 years	1 month

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Estimate and list monthly overtime pay.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 6,531.20 \$ 1,529.54

3. Estimate and list monthly overtime pay.

3. +\$ 0.00 +\$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

Official Form 106I Schedule I: Your Income page 1

Case 2:15-bk-53381 Doc 64 Filed 01/05/17 Entered 01/05/17 10:26:36 Desc Main Document Page 2 of 4

	tor 1 tor 2	Jonathan Joseph Richards Melinda June Richards		Case r	number (<i>if known</i>)	15-53381		
				For	Debtor 1	For Debtor		
	Cop	by line 4 here	4.	\$	6,531.20		,529.54	_
5.	List	all payroll deductions:						
٠.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,231.23	\$	126.95	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	=
	5e.	Insurance	5e.	\$	0.00	\$	226.31	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	-
	5g.	Union dues	5g.	\$	261.26	\$	0.00	-
	5h.	Other deductions. Specify: SHV	_ 5h.+ _	· ·	346.67	+ \$	0.00	-
		Org Fund	_	\$	157.73	\$	0.00	-
		ASE Fund		\$	8.67	\$	0.00	-
		Flex medical	_	\$_ \$	0.00	\$	37.68	-
		legal	_	-	0.00	\$	20.97	-
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	2,005.56	\$	411.91	-
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	4,525.64	\$1	,117.63	_
	8a. 8b. 8c. 8d. 8e. 8f.	Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive	8a. 8b. 8c. 8d. 8e.	\$ \$ \$	0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	- - -
	8g.	Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	_ 8f. 8g.	\$ \$	0.00	\$	0.00	-
	8h.	Other monthly income. Specify: Second Job (average net)	8h.+	- :	0.00	+ \$	152.82	-
		Training job for Union (average net)	_	\$	515.14	\$	0.00	-
9.	Add	d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	515.14	\$	152.82	2
10	Cal	aulate monthly income. Add line 7 . line 0			- 040 70	4 070 45	e	0.044.00
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	•	5,040.78 + \$_	1,270.45	= \$ _	6,311.23
11.	Inclu othe Do i	te all other regular contributions to the expenses that you list in Schedule and contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depen		•			0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The resulte that amount on the Summary of Schedules and Statistical Summary of Certain lies					\$	6,311.23
13.	Do y	you expect an increase or decrease within the year after you file this form? No.	,				Combir monthly	nea y income
	П	Yes, Explain:						

Fill_i	n this i <u>nforma</u>	ition to identify yo	ur case:					
Debt		Jonathan Jo		hards		Chec	k if this is:	
					-		An amended filing	
Debt (Spo	or 2 use, if filing)	Melinda June	Richard	ds			A supplement show 13 expenses as of	ving postpetition chapter the following date:
` .	,	runtov Court for the	SOUTH	IERN DISTRICT OF OHIO		-	MM / DD / YYYY	
		5-53381		<u>IZERT BIOTRIOT OF OTHE</u>			, 55, 1111	
	nown))-3336 I						
Of	ficial Fo	rm 106J						
		J: Your I						12/1
info num	rmation. If mater (if know		eded, atta	If two married people are ch another sheet to this to n.				
Part 1.	1: Desci	ribe Your House nt case?	hold					
	□ No. Go to							
	Yes. Doe	s Debtor 2 live i	n a separ	ate household?				
	■ N □ Y		t file Offici	al Form 106J-2, <i>Expen</i> ses	for Separate Housel	nold of Debt	or 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	names.			Daughter			Yes
					Daughter		20	□ No ■ Yes
					Daugnter			■ Yes □ No
								☐ Yes
							- <u></u>	□ No
_	_							☐ Yes
3.	expenses o	penses include f people other tl d your depende	nan 👝	No Yes				
		ate Your Ongoi						
exp				uptcy filing date unless y y is filed. If this is a supp				
the		h assistance and		government assistance if cluded it on <i>Schedule I:</i> Y			Your exp	enses
,511	1 01111 10	···,						
4.		or home owners and any rent for the		ses for your residence. In r lot.	nclude first mortgage	4. \$		0.00
	If not include	led in line 4:						
	4a. Real	estate taxes				4a. \$		0.00
		rty, homeowner's				4b. \$		0.00
		maintenance, re	•	upkeep expenses		4c. \$		200.00

0.00

Additional mortgage payments for your residence, such as home equity loans

Case 2:15-bk-53381 Doc 64 Filed 01/05/17 Entered 01/05/17 10:26:36 Desc Main Document Page 4 of 4

		June Richards	Case numi	per (if known)	15-53381
6. Utili	ities:				
6a.		heat, natural gas	6a.	\$	480.00
6b.	Water, sev	wer, garbage collection	6b.	\$	100.00
6c.	Telephone	e, cell phone, Internet, satellite, and cable services	6c.	\$	400.00
6d.	Other. Spe	ecify: ADT	6d.	\$	90.00
7. Foo		ekeeping supplies	7.	\$	925.00
		children's education costs	8.	\$	200.00
9. Clot	thing, laundi	ry, and dry cleaning	9.	\$	350.00
10. Pers	sonal care p	products and services	10.	\$	300.00
11. Me d	dical and der	ntal expenses	11.	\$	300.00
12. Tra r	nsportation.	Include gas, maintenance, bus or train fare.			
Do r	not include ca	ar payments.	12.	\$	500.00
13. Ent e	ertainment, d	clubs, recreation, newspapers, magazines, and books	13.	\$	103.00
14. Cha	ıritable contı	ributions and religious donations	14.	\$	0.00
15. Ins u					
		surance deducted from your pay or included in lines 4 or 20.		•	
	. Life insura		15a.		297.00
	. Health insu		15b.		0.00
	. Vehicle ins		15c.		176.00
		Irance. Specify:	15d.	\$	0.00
Spe	cify:	clude taxes deducted from your pay or included in lines 4 or 20	0. 16.	\$	0.00
		ease payments: ents for Vehicle 1	17a.	c	525.00
	. ,		17a. 17b.		535.00
	. ,	ents for Vehicle 2			0.00
	Other, Spe		17c.	·	0.00
	. Other. Spe	•	17d.	\$	0.00
		of alimony, maintenance, and support that you did not rep your pay on line 5, Schedule I, Your Income (Official Form		\$	0.00
		s you make to support others who do not live with you.	1001).	\$	0.00
Spe		,	19.	<u> </u>	
	, <u> </u>	erty expenses not included in lines 4 or 5 of this form or o		ur Income.	
		s on other property	20a.		0.00
20b.	. Real estate	e taxes	20b.	\$	0.00
20c.	. Property, h	homeowner's, or renter's insurance	20c.	\$	0.00
20d.	. Maintenan	nce, repair, and upkeep expenses	20d.	\$	0.00
		er's association or condominium dues	20e.	\$	0.00
21. Oth	er: Specify:		21.	+\$	0.00
22 Calc	culate vour r	monthly expenses			
	. Add lines 4			\$	4,956.00
		2 (monthly expenses for Debtor 2), if any, from Official Form 10	ne I-2	\$	4,930.00
			000-2		4.050.00
220.	. Add line 22a	a and 22b. The result is your monthly expenses.		\$	4,956.00
		monthly net income.			
		12 (your combined monthly income) from Schedule I.	23a.		6,311.23
23b.	. Copy your	monthly expenses from line 22c above.	23b.	-\$	4,956.00
23c.		our monthly expenses from your monthly income. is your <i>monthly net income</i> .	23c.	\$	1,355.23
For e	example, do yo ification to the t	an increase or decrease in your expenses within the year as ou expect to finish paying for your car loan within the year or do you expeterms of your mortgage? Explain here:			ase or decrease because of a